3. *Myotonic Pupillary Movements.*—Saenger reports a woman of thirty-five years suffering from headaches, and who exhibited a marked dilatation of the pupil. After contraction of the pupil by accommodation, convergence or by energetic contraction of the orbicularis palpebrarum, it took as long as ten minutes before the pupil regained its usual dilated condition. Contraction of the pupil was likewise slow. He regards the condition as of local character, *i.e.*, in the iris itself and analogous to the myotonic contraction of Thomsen's disease.

4. *Infraspinatus Reflex.*—A new reflex elicited by percussion of the infraspinatus area and resulting in an extensor movement of the arm, with lateral rotation. (This reflex was described in an article on the "von Bechterew's Reflex," in the JOURNAL OF NERVOUS AND MENTAL DISEASE, May, 1901, by Dr. W. Pickett, Reviewer.)

5. *Supra-orbital Reflex.*—A controversial paper between McCarthy, von Bechterew and Hùdovernig as to the nature of the supraorbital reflex.

6. To be continued. McCARTHY (Philadelphia).

REVIEW OF NEUROLOGY AND PSYCHIATRY

(Vol. 1, 1903, No. 1. January.)

1. Local Panatrophy. SIR WILLIAM R. GOWERS.
2. Psychiatry in General Hospitals. SIR JOHN SIBBALD.
3. The Relative Frequency of Disseminated Sclerosis in this Country (Scotland and the North of England) and in America. BYROM BRAMWELL.

1. *Local Panatrophy.* Sir William reports on a case seen by him in 1885, resembling a variety of spinal muscular atrophy, yet different. He suggests the term *local panatrophy.* In certain areas of the trunk, limbs, or face, which vary in diameter from that of a nut to that of an orange, or larger, there seems to be a wasting of all the subcutaneous tissues down to the bones, with slight change also in the skin, which is there distinctly thinner and slightly discolored. The aspect of the areas may be described as that of a subcutaneous excavation. They seem to be distributed quite irregularly, without apparent relation to the muscles or to the nerve distribution. Where the process is considerable the muscular tissue shares the wasting, but seems not entirely to disappear, and the electric irritability of that which remains is normal. In a case of Dr. Harry Campbell's recently shown at the Clinical Society there were similar patches in the right foot in which the bones seemed also to have atrophied.

2. *Psychiatry in General Hospitals.*—This is an interesting general article on the relationship of psychiatry to neurology and the needs for a closer association of the two studies. The causes that have led to the separation are considered and the reasons why patients with mental diseases should be provided for in general hospitals fully discussed. He quotes Maudsley as saying that "mental disorders are neither more nor less than nervous diseases in which the mental symptoms predominate, and their entire separation from other nervous diseases has been a sad hindrance to progress." A number of interesting figures are given showing the kind of psychiatrical instruction given in Germany where under the impulse of Griesinger great advances had been made in the treatment of mental cases in hospital wards connected with the universities.

3. *Disseminated Sclerosis in Scotland and in America.*—Dr. Byrom Bramwell speaks of the relatively greater incidence of disseminated sclerosis in Scotland and the north of England than in America. In his statistics of hospital and private cases, the figures show one in 58 nervous cases to be disseminated sclerosis or contrasting his hospital experiences with his private work, the proportions are one in 54 and one in 62. He draws a comparison with the statistics as given in the JOURNAL OF NERVOUS AND

Mental Disease (vol. 29, May, 1902, p. 288), where in a discussion before the New York Neurological Society it was shown that only one in 221 nervous cases was of multiple sclerosis. Thus in Scotland and the north of England this disease appears to be three and one-half times as frequent as in America. Jelliffe.

LE NEVRAXE

(Vol. 4, 1902, Fascicle 1.)

1. Researches on the Central Sensory Tracts. II. The Central Tract of the Nuclei of the Posterior Columns, or the Central Medullo-thalamic Tract. A. Van Gehuchten.
2. The Endocellular Reticulum of Golgi in the Cerebral Cortex. S. Soukhanoff.
3. The Posterior Root of the Eighth Cervical and First Dorsal Nerve. A. Van Gehuchten.
4. The Protoplasmic Prolongations of the Nerve Cells of the Spinal Cord of Higher Vertebrates. S. Soukhanoff and F. Czarniecki.
5. Lesion of Cauda Equina. Contribution to Study of Centers of Micturition, Defecation, Erection, Ejaculation and of the Anal Center. A. Van Gehuchten.

1. *The Central Tracts of the Posterior Column Nuclei.*—Van Gehuchten contributes an able and lengthy article on the subject of what becomes of the fibers having their origin in the nuclei of the columns of Goll and Burdach. He first brings out in a clear manner the divergent views of Forel, v. Monakow, Bechterew, and others with reference to the origin and destination of the fibers that make up the lemniscus, both median and lateral. His own researches were on rabbits in whom the nuclei cuneatus and gracilis were destroyed by puncture and scission and he shows among other things: (1) That there are no uninterrupted crossed fibers that go from the nuclei of the posterior columns to the cerebral cortex (in opposition to Tschermak); (2) the fibers that have their origin in the nuclei of the posterior columns terminate for the most part at least, in the lateral nucleus of the optic thalamus of the opposite side, thus constituting an *ascending medullary thalamic* tract; (3) this ascending medullary thalamic tract is exclusively crossed; (4) the fibers of this central tract that originate in the nucleus gracilis appear before those coming from the nucleus cuneatus. The former make up the greater part of the preolivary nucleus; the others the median part, all of the interolivary nuclei and the intra and periolivary fibers. In the median lemniscus it is difficult to separate the fibers from the nucleus gracilis and the nucleus cuneatus. The former seem to preponderate in the external portions of this part of the lemniscus, the others in the internal part; (5) the method of Marchi does not permit of the precise determination of all of the connections of the ascending fibers with the nuclei of the bulb, the pons, or the mesencephalon. All that can be asserted is that during its course the medullo-thalamic tract sends a portion of its fibers to the corpora quadrigemina. Whether they go to the inferior corpus, as claimed by Bruce, Wallenberg and Rothmann, or to the superior corpus, according to Ferrier and Turner, he does not determine.

2. *The Endocellular Reticulum in the Cortex.*—Rabbit's brain is prepared in Veratti's fluid; see original for technic, which is complicated. The network is found to be perinuclear. It does not reach the periphery of the cell. Its general arrangement is that of the cell outline, and the author believes it to be interpreted on some such structural basis as that described by Holmgren and Retzius as "intercellular canals or pores." Butschli's "foam structure" may account for some of the picture.

3. *Posterior Root of the Eighth Cervical and the First Dorsal Nerve.*—